

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS MILITARY FUNERAL HONORS PROGRAM

21731 Spring St., Union Grove, WI 53182

Toll Free: 1-877-944-6667 Toll Free Fax: 1-866-454-0356 Alt. Fax: (262) 878-5677

## MILITARY FUNERAL HONORS REQUEST

This form is intended to be used only to request military funeral honors for an eligible veteran.

- ▶ Honors request information can be called in or faxed to the above contact numbers.
- ▶ It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.
- ▶ It is not necessary to forward this request when a Veterans Service Organization (VSO) is asking for honors reimbursement.

PART ONE: Funeral Home Information	
Name of Funeral Home:	
Requestor:Address:	
Phone #: ( ) Cell #: (	) Fax #: ( )
Do you have a flag to present? Yes No	) 1 ax #. ( )
bo you have a ring to present.	
<u>PART TWO</u> : Information – Deceased Veteran	
Name of Deceased Veteran:	
Branch of Service: U.S. Army	U.S. Navy* U.S. Air Force
U.S. Marine Corps*	U.S. Coast Guard Army Air Force/Corps
	Merchant Marine
Date of Birth: Social Security #:	Date of Death:  MM/DD/YYYY
•	Rank (if known):  Relationship to Veteran:
Who will the flag be presented to?  *Next of Kin–Address & Phone #:	
Next of Kill-Address & Filolic #.	
<u>PART THREE</u> : Type of Honors Requested by the Family	
(Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the	
type of honors to be provided; the family can select if they would like honors performed by the military, VSO, or both; due to a shortage of	
buglers Taps is normally played by an electronic method.)	
Type of service to be provided:	Has a VSO been contacted by the family or Funeral Director
☐ Casket ☐ Cremation ☐ Memorial	to participate?
Honors requested (check box that applies):	Post #:
Firing Detail, Taps, Flag, Presentation	Phone #: ( )
Taps, Flag, Presentation	Point of Contact:
☐ Flag, Presentation	VSO confirmed to provide rifle detail? Yes No
Will the flag be? Pre-folded Draped	VSO confirmed to provide Taps?
<u>PART FOUR</u> : Funeral Honors Location (i.e., cemetery, church, etc.)	
Date: Time: City:	County:
Location Name:	
Address:	
Directions to ceremony location:	
Indicate any other special requests (example: commissioned officer or military relative to present the flag):	
The funeral director should call in or fay this informat	ion as soon as possible to the above contact numbers. If you
do not hear from us within 24 hours, or in a case of a s	v